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Bib Data Sheet

CONFIRMATION NO. 9327

<b>SERIAL NUMBER</b> 09/776,454	<b>FILING DATE</b> 02/02/2001 <b>RULE</b>	<b>CLASS</b> 435	<b>GROUP ART UNIT</b> <del>1654</del> 1635	<b>ATTORNEY DOCKET NO.</b> 2001-0705
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**APPLICANTS**  
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 Hye Rim Jung, Alameda, CA;  
 Bob Buchanan, Berkeley, CA;  
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**\*\* CONTINUING DATA \*\*\*\*\***  
 Non

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
 Non

**IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\***  
 \*\* 03/12/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and Acknowledged Allowance Examiner's Signature <i>B. M. A. H. M.</i> Initials <i>BW</i>	<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 21	<b>INDEPENDENT CLAIMS</b> 3
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**ADDRESS**  
22918

**TITLE**  
Method for assessing food allergenicity

<b>FILING FEE RECEIVED</b> 429	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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